



# Simple

Health plan benefits you can understand.

M.D. IPA<sup>SM</sup>  
A UnitedHealthcare® Company

**District of Columbia Employees Health Benefits**

For District of Columbia Government Employees

**hired on or after October 1, 1987**

Virginia, Maryland and Washington, D.C.

HMO Plan Code MD

POS Plan Code UP

Plan Year 2010





# One of a kind. We're delivering health care coverage from a fresh – and even refreshing – perspective.

## **HMO Network: Coverage made simple**

Want to know your costs up front? Choose an HMO from M.D. IPA. Predictable and affordable. It's that simple. And for children through age 17, there's never a copayment for primary care doctor visits.<sup>1</sup>

**M.D. IPA, a UnitedHealthcare company. Take a look at our health benefits for 2010, you'll see what we mean.**

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<sup>1</sup>HMO and In-Network portion of POS

# Fresh means new, more and better.

New individualized programs and resources to improve your health. More choice of doctors and information on those doctors. Better benefit perks like Discount Dental for no added premium. A variety of resources to help improve your health and well-being. That's what M.D. IPA members receive — practical, approachable health care coverage. As a member, you will have access to the trusted network of M.D. IPA doctors and hospitals along with UnitedHealthcare's helpful tools for managing and improving your family's total health.

## New for 2010

### Mental health and substance abuse services

- ▶ Your cost sharing responsibilities are no greater than for other illnesses.

### Hearing Aids

- ▶ Hearing Aids will be covered up to \$5,000 per year, limited to a single purchase (including repair/replacement) every three years. Applicable copayment, coinsurance, deductible and out-of-pocket maximum will apply.

### Plus M.D. IPA's same great high-option, high-value benefits:

- ▶ health care tools at your fingertips 24/7 at [myuhc.com](http://myuhc.com)<sup>®</sup>
- ▶ wellness resources including health coaching, classes and diversity initiatives
- ▶ discount dental coverage at no extra premium
- ▶ your choice of physicians from our large, regional network



<sup>1</sup>HMO and In-Network portion of POS

# Dental coverage that will make you smile.



## Dental Discount Program – no additional premium.

You're faithful to get your teeth cleaned every six months. Your son gets a cavity periodically. You want a health care plan to cover the health care you use – including dental. Your Dental Discount is covered for no additional premium, automatically, when you become a member.

Welcome to M.D. IPA, your source for the most comprehensive care, anywhere.

### Benefits to you

- ▶ No claim forms
- ▶ No waiting periods
- ▶ No deductibles
- ▶ No referrals
- ▶ No contract year maximums
- ▶ No age limit for orthodontics
- ▶ Discounts on cosmetic procedures and implant placement and related procedures

After becoming a member, you will receive a Dental plan ID card that you simply show your dentist to tap into your Dental Discount benefits. If your dentist is within our network, you will save money in the long run. Just show your dentist your ID card to access your Dental Discount benefit.

The Dental Discount Program is not insurance or a managed care product. It entitles the members to discounts for dental services offered by providers who have agreed to participate in the Dental Discount Program. • Members will receive approximately 30% to 40% discount off of Usual, Customary and Reasonable (UCR) charges based on type of service and geographic area. • Members must pay the participating provider the Dental Benefit Providers (DBP) negotiated fees at the time the dental services are rendered to receive the discount. Dental Discount fees are subject to change without notice. Note: To be eligible for the discount, the member must pay the provider at the time of service. Members who elect payment plans or to be billed may be charged the provider's UCR fees. UHC discount dental fees are based on Rockville, MD, Washington, DC, Fairfax, VA and Wilmington, DE areas. Discount fees will vary by geographic area. UCR (Usual, Customary and Reasonable) fees based on Rockville, MD, Washington, DC, Fairfax, VA and Wilmington, DE areas. The UCR fees may vary per individual practice and geographic area. For a current list of participating providers you may visit our Web Site, [myuhcdental.com/discount](http://myuhcdental.com/discount) To see the plan's available savings, refer to M.D. IPA's DCEHB brochure. The Dental Discount Program is provided by Dental Benefit Providers, Inc.

# Power tools for the healthiest you.

Your first stop toward better health: [myuhc.com](http://myuhc.com)®. It's loaded with details on your benefits plan including covered services and copayments. The **Personal Health Record** confidentially tracks doctor visits, shots, diagnoses, prescriptions and refill schedules, and links to an online pharmacy to save you time and money. [myuhc.com](http://myuhc.com) is your convenient source for:

- ▶ online claims submission and statements of recent claims, with a full explanation of benefits of each claim
- ▶ a searchable directory of network doctors and hospitals near you, complete with maps of their locations
- ▶ printing a temporary ID card or requesting a new, permanent card
- ▶ nurses available to answer your questions via live, online chat

Check it out for yourself. Take a Quick Tour of [myuhc.com](http://myuhc.com) at [www.uhctogether.com/dcgov](http://www.uhctogether.com/dcgov).



View your medical history and prescriptions and access new wellness tools on your **Personal Health Record**.

The screenshot shows the 'Account Balances' interface. It includes a sidebar with navigation links like 'Claims & Accounts', 'Medical Claim Summary', 'Health Reimbursement Account', 'Health Savings Account', 'Flexible Spending Accounts', 'View Statements', 'Other Claims', 'Prescription Claims', 'Dental Claims', 'Vision Claims', and 'Monitor Health Claims'. The main content area shows 'Account Balances Plan Year to Date 01/01/2009 - 02/18/2009' with a table listing accounts like Health Reimbursement Account, Healthcare Flexible Spending Account (FSA), and Dependent Care Flexible Spending Account (FSA). It also shows 'Benefit Amount Tracking' with a table listing deductibles for Chris, Pat, and Madison.

Description	Beginning Amount	Used Amount	Remaining Amount
Health Reimbursement Account (HRA)	\$4600.00	\$450.00	\$150.00
Healthcare Flexible Spending Account (FSA)	\$2,000.00	\$502.00	\$1,498.00
Dependent Care Flexible Spending Account (FSA)	\$2,400.00	\$400.00	\$2,000.00

  

Description	Beginning Amount	Applied Amount	Remaining Amount
Deductible			
Chris (In Network)	\$300.00	\$0.00	\$300.00
Chris (Out of Network)	\$500.00	\$0.00	\$500.00
Pat (In Network)	\$300.00	\$300.00	\$0.00
Pat (Out of Network)	\$500.00	\$300.00	\$200.00
Madison (In Network)	\$300.00	\$150.00	\$150.00
Madison (Out of Network)	\$500.00	\$150.00	\$350.00
Family (In Network)	\$400.00	\$400.00	\$0.00

Track your account balances and out-of-pocket expenses.

# Live healthier. We can help.

## Discounts for the healthiest you.

When you enroll, you automatically receive special discounts on wellness products and services. Just use your member ID card to access savings on many items, such as:

- ▶ Jenny Craig
- ▶ LASIK eye surgery
- ▶ Fitness clubs
- ▶ Work-out gear and apparel
- ▶ Vitamins and supplements
- ▶ Books, magazines, CDs and DVDs
- ▶ Teeth whitening and electronic toothbrushes
- ▶ Baby care items such as diapers, bottles and more

For more information on discounts available to you, visit us online at [www.uhctogether.com/dcgov..](http://www.uhctogether.com/dcgov..)



# Are you ready for a change?

## Sometimes, the most important step is your first.

Take your first step towards a healthier life by taking a free, personalized health assessment at [myuhc.com](http://myuhc.com)<sup>®</sup>. By taking the online health assessment, you can identify your personal health needs, learn healthy habits and compare your “lifestyle score” to others of the same age and gender.

The assessment takes approximately 15 minutes to complete and you will be provided with immediate feedback on the current state of your health. In addition, your responses are used to help create a personalized online experience specifically for you.

Plus, you'll have access to several health improvement resources and interactive tools, such as quizzes, exercise programs, planned meals, and action steps to help you achieve your personal health goals.

Based upon your score, an interactive online Health Coach may recommend up to three health improvement programs to help you achieve your personal health goals, such as:

- ▶ Nutrition
- ▶ Exercise
- ▶ Smoking Cessation
- ▶ Diabetes Lifestyle
- ▶ Heart Health Lifestyle
- ▶ Weight Loss
- ▶ Stress Management



**Take the first step**  
towards better  
health and visit  
[myuhc.com](http://myuhc.com) today.

Click “Health&Wellness”,  
then “Take a Health  
Assessment”  
to get started.

# Accessing your health benefit plan

## UnitedHealth Premium\* offers you:

**Informed choice** – We help you make a more informed choice about your care by providing you with a list of doctors and facilities that follow national evidence-based quality of care guidelines and market-based cost-efficiency guidelines.

**Peace of mind** – You can rest easy knowing you're receiving care from doctors and facilities that demonstrate they follow practices that meet national industry and evidence-based standards, as well as criteria set by national medical specialty societies.

**Resources at your fingertips** – It's easy for you to get information, online or over the telephone, so you can spend time focusing on other important care decisions.

**Easy access** – These doctors are part of UnitedHealthcare's network, so you can easily identify and access them without a referral.

For our members with special medical concerns, we also provide information from the National Committee for Quality Assurance (NCQA) Doctor Recognition Program. The program highlights performance and practice for doctors in three important areas: diabetes care, cardiac care and stroke care. Plus, the NCQA Doctor Practice Connection recognizes doctors who use up-to-date information and systems to enhance patient care. NCQA is an independent, nonprofit organization that has developed these programs in association with the American Diabetes Association, American Heart Association and American Stroke Association.



\* UnitedHealth Premium is not available in all geographic locations. For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability and program limitation, please visit [myuhc.com](http://myuhc.com).

## Find a leading doctor

Visit your member Web site, [myuhc.com](http://myuhc.com), to search the directory, and look for these symbols next to your results:

★★ UnitedHealth Premium quality and cost efficiency physician

★ UnitedHealth Premium quality physician

NCQA/ADA Diabetes Physician Recognition Program (DPRP)

NCQA/AHA/ASA Heart/Stroke Recognition Program (HSRP)

NCQA Physician Practice Connection (PPC)





## When you need care, you may follow these steps:

**Choose any doctor or other health care professional in our network. No referral needed.** Remember, our network is big, but it doesn't include every doctor. Before you visit a doctor, check to make sure he or she is in our network and evaluated by the UnitedHealth Premium program. You can find the most up-to-date information about participating primary and specialty doctors and hospitals in the directory at [myuhc.com](http://myuhc.com).

Also, before your doctor's visit, find out what percentage of the care is covered, and, if necessary, make sure you're prepared to pay for any expenses that aren't covered. For example, health plans often vary in their coverage of brand-name drugs, emergency care and different aspects of surgery. If you aren't sure, check your Certificate of Coverage. You may be paying more out-of-pocket in addition to a high deductible or copayment.

**Pay a copayment (if applicable) at the time of your visit for an illness or injury.** It's important to know that a copayment normally isn't needed when you see your doctor for preventive care, such as an annual physical, screenings or immunizations.

**Your network doctor will take care of filing any UnitedHealthcare claim forms for you.** You may receive a bill in the mail for any amount not covered by your benefit plan. If your share of costs reaches the out-of-pocket maximum for the year, we will begin paying for 100 percent of the eligible charges for care you get from network doctors.\*

If more than one health insurance plan covers your medical services, we work together with the other plan. This is called "coordination of benefits." For more information, log on to [myuhc.com](http://myuhc.com) or call the toll-free, member phone number on the back of your ID card.

Benefit	Maximum copayments		
	HMO <sup>1</sup>	POS	
		In-network <sup>1</sup>	Out-of-network <sup>2</sup>
<b>Annual deductible</b>	None	\$150 ind. \$300 fam.	\$500 ind. \$1,000 fam.
<b>Coinsurance</b>	None	None	40% after ded.
<b>Out-of-pocket maximum* (for deductible &amp; coinsurance)</b>	\$1,800 ind. \$4,800 fam.	\$1,800 ind. \$4,800 fam.	\$2,500 ind. \$5,000 fam.
<b>Lifetime max</b>	Unlimited	Unlimited	Unlimited
<b>Primary care physician selection</b>	Required	Required	Not required
<b>Adult physicals/immunizations</b>	\$10 Copay	\$10 Copay	40% after ded.
<b>Well child visits/immunizations</b>	\$0 Copay Children through age 17	\$0 Copay Children through age 17	40% after ded.
<b>Annual GYN exam, mammograms, PAP smear - PCP</b>	\$10 Copay	\$10 Copay	40% after ded.
<b>Annual GYN exam, mammograms, PAP smear – specialist</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>Routine eye exam - every two years</b>	\$20 Copay	\$20 Copay	Not covered
<b>Corrective eyewear</b>	Discount Plan	Discount Plan	Not covered
<b>Primary care physician visits</b>	\$10 Copay	\$10 Copay	40% after ded.
<b>Specialist office visits</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>Maternity OB visits - PCP</b>	\$10 Copay	\$10 Copay	40% after ded.
<b>Maternity OB visits – specialist (one specialist copayment covers all prenatal office visits)</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>Infertility – diagnosis</b>	\$10 PCP/\$20 Specialist Copay	\$10 PCP/\$20 Specialist Copay	40% after ded.
<b>Infertility treatment</b>	50% of covered charges (In-vitro fertilization is limited to three (3) attempts per live birth and a maximum lifetime benefit of \$100,000, except drugs. An attempt is counted toward this limit when injectable medications are started.)	50% of covered charges after ded. (In-vitro fertilization is limited to three (3) attempts per live birth and a combined in-network and out-of-network maximum lifetime benefit of \$100,000, except drugs. An attempt is counted toward this limit when injectable medications are started.)	40% after ded.
<b>Allergy treatment</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>Allergy testing</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>Diagnostic laboratory</b>	Covered in full	Covered in full	40% after ded.
<b>Diagnostic X-ray</b>	Covered in full	Covered in full	40% after ded.
<b>Urgent care</b>	\$25	\$25	40% after ded.
<b>Emergency room<sup>3</sup></b>	\$50, waived if admitted	\$50 after ded., waived if admitted	\$50 after ded., waived if admitted
<b>Ambulance</b>	\$0 Copay	\$0 Copay	40% after ded.
<b>Inpatient coverage</b>	\$150 per admission	\$150 per admission after ded.	40% after ded.
<b>Inpatient maternity coverage</b>	\$150 per admission	\$150 per admission after ded.	40% after ded.
<b>Outpatient surgery at hospital</b>	\$50	\$50 after ded.	40% after ded.
<b>Inpatient mental illness</b>	\$150 per admission	\$150 per admission after ded.	40% after ded.
<b>Inpatient detoxification or rehab</b>	\$150 per admission	\$150 per admission after ded. Combined In-Network and Out-Of-Network up to 12 days/year	40% after ded.
<b>Outpatient detox or rehab</b>	\$50 copay per visit	\$50 copay per visit after ded.	40% after ded.

\* Office Visit & Inpatient Hospital Copays apply to the Out-of-Pocket maximum except for non covered health services, prescription drugs, dental discount benefits, eyeglasses or contact lenses and in-vitro fertilization.

Benefit	Maximum copayments		
	HMO	POS	
		In-network	Out-of-network
<b>Skilled nursing facility</b>	None (up to 60 days/year)	Covered in full after ded. Combined In-Network and Out-Of-Network up to 60 days/year	40% after ded.
<b>Home health care</b>	Covered in full	Covered in full after ded.	40% after ded.
<b>Hospice care - inpatient</b>	Covered in full	Covered in full after ded.	40% after ded.
<b>Hospice care - outpatient</b>	Covered in full	Covered in full after ded.	40% after ded.
<b>Private duty nursing</b>	Not covered	Not covered	Not covered
<b>Outpatient rehabilitation therapy (physical and occupational therapy)</b>	\$20 Copay for up to 2 months or 60 visits (whichever is more per condition)	\$20 Copay Combined In-Network and Out-Of-Network up to 2 months or 60 visits (whichever is more per condition)	40% after ded.
<b>Speech therapy</b>	\$20 Copay for up to 2 months or 60 visits	\$20 Copay Combined In-Network and Out-Of-Network up to 2 months or 60 visits	\$20 Copay
<b>Subluxation/chiropractic</b>	\$20 copay (up to 20 visits/year)	\$20 copay Combined In-Network and Out-Of-Network up to 20 visits/year	40% after ded.
<b>Durable medical equipment (most DME must be pre-authorized)</b>	25%	25% after ded.	40% after ded.
<b>Vasectomy</b>	\$20 Copay	\$20 Copay	40% after ded.
<b>tubal ligation</b>	\$50 Copay	\$50 Copay after ded.	40% after ded.

1 You must use a participating Primary Care Physician who must provide or coordinate your medical care, including referrals for specialty, Hospital, or other medical care with the exception of the OB/GYN and eye refraction visits as described in this benefits summary.

2 Out-of-plan benefits are provided through MAMSI Life and Health Insurance Company and do not require referral or coordination by your Primary Care Physician. Preferred providers have agreed to accept the Plan's payment plus your deductible, copayment, or coinsurance as full payment. If you choose a non-preferred provider, the Plan is responsible for payment of the applicable percentage of either the requested charges or the allowable charges, whichever is less. You will be responsible for any applicable deductible and coinsurance plus the balance, if any, of the non-preferred provider's charges. Certain outpatient procedures require precertification.

3 For services related to conditions that meet the Plan definition of a Medical Emergency. Copayment is waived if admitted to the Hospital. Services related to conditions that do not meet the Plan definition of a Medical Emergency are not covered.

## Prescription drugs

One copayment per 31-day supply at retail (except contraceptive drugs covered at one copayment for up to a 90-day supply)

Retail			
<b>Tier 1:</b>	\$10 copay	\$10 copay	\$10 copay**
<b>Tier 2:</b>	\$20 copay	\$20 copay	\$20 copay**
<b>Tier 3:</b>	\$40 copay	\$40 copay	\$40 copay**
Mail-Order or Retail (32-day to 90-day supply)			
<b>Tier 1:</b>	\$20 copay	\$20 copay	Not applicable
<b>Tier 2:</b>	\$40 copay	\$40 copay	Not applicable
<b>Tier 3:</b>	\$80 copay	\$80 copay	Not applicable
<b>Injectable drugs</b>	Applicable copay per tier level	Applicable copay per tier level	Applicable copay per tier level

\*\* If you purchase a prescription drug product from a non-network pharmacy, you are responsible for any difference between what the non-network pharmacy charges and the amount we would have paid for the same prescription drug product dispensed by a network pharmacy.

## Dental benefits

Dental benefits are a dental discount program for services received from a participating General Dentist. Treatment from participating dental specialists is available at a 30% to 40% percent discount of the specialist's Usual Customary and Reasonable fees (see the Dental Discount Program Schedule of Benefits for a list of the maximum fees charged by a participating general dentist).

This document is intended to be a high-level summary of the benefits available to participants under this plan. It is not an exhaustive list of the terms and conditions applicable to the plan benefits. For a complete description of plan benefits available to participants under this plan, you may request an applicable DCEHB brochure by contacting Customer Care at **1-800-603-3923**.

